



OFFICE OF REVENUE COMMISSION
 P.O. BOX 123
 KYKOTSMOVI, ARIZONA 86039
 Phone: 928-734-3172 Fax: 928-734-3179

DATE STAMP
2017
BL#: HTRL017 -
OFFICE USE ONLY

2017 HOPI TOUR LICENSE APPLICATION

(Must be 18 years old to apply for a Tour License)

New Applicant License Renewal Previous Tour License #: _____

Company Name: _____

*Hopi Enrollment Number: _____ - _____ SSN Number: _____ - _____ - _____

*Contact Person/Owner: _____

Address: _____ *Village: _____ State: _____ ZipCode: _____

Telephone #: _____ Cell Phone # _____ FAX #: _____

E-Mail Address: _____

Ownership Information:

- Partnership Sole Proprietor Corporation Step-On Guide
 Other: _____

Type of Transportation for providing Tourism services: Bus Van Rental

Other _____

Provide information for all vehicles conducting Tours on the Hopi reservation:

- License Numbers & Description of Insured Vehicles List Driver (s) Copy of AZ Driver's License

Other information:

- Evidence of Certificate of Liability Insurance Site Visitation Permits issued by the Hopi Tribe - Cultural
 (Hopi Tribe as Certificate Holder) Preservation Office

*I hereby agree to abide by the laws of the Hopi Tribe, Ordinance 17, and all policies that pertain to business activities. I agree not to engage in any business activities or any tours until I have obtained a Tour license certificate signed by the Chief Revenue Officer or his/her designee. I understand that operating a business on the Hopi Reservation is a privilege and may be revoked or suspended for non-compliance. I hereby certify that the information provided in the application and other documents submitted are true and correct to the best of my knowledge and that any false or misleading information provided by me, may lead to legal action in the Hopi Tribal Court; to include revocation of my license, exclusion from the Hopi Reservation and other penalties under the provisions of the Hopi Tribe's Law, Ordinance 17 and Policies of the Hopi Tribe.

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE AND UNDERSTAND THE PROVISIONS OF THIS PARAGRAPH.

 APPLICANT SIGNATURE

 DATE